



Clerk of the Assessment Appeals Board

Calendaring/Judicial Support Services

P. O. Box 687

Santa Ana, CA 92702-0687

(714) 834-3457 ** FAX (714) 834-4177

Darlene J. Bloom
Clerk of the Board

ASSESSMENT APPEALS WITHDRAWAL FORM

Date: _____

Hearing Date: _____

Applicant's Name: _____

Agent's Name: _____

Mailing address: _____

Telephone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

One of the boxes below must be checked:

- ☐ As the Applicant, I am requesting that the Application Number(s) listed below be withdrawn and terminate this matter.
- ☐ As the duly authorized Agent/Attorney for the Applicant named above, I am requesting that the Application Number(s) and Parcel/Bill/Assessment Number(s) listed below be withdrawn and terminate this matter.
- ☐ As the authorized employee/Corporate Officer, _____ (Title) I am requesting that the Application Number(s) and Parcel/Bill/Assessment Number(s) listed below be withdrawn and terminate this matter.

Application Number _____ Parcel/Bill/Assessment Number: _____

Application Number: _____ Parcel/Bill/Assessment Number: _____

Application Number: _____ Parcel/Bill/Assessment Number: _____

Application Number: _____ Parcel/Bill/Assessment Number: _____

☐ Additional affected applications numbers are listed on attachment. Number of pages attached: _____

Signature of Owner

Print Name

Signature of Agent/Attorney/Authorized Employee/Corporate Officer

Print Name

FORM COB 307

Revised: April 2000